

M24000008594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

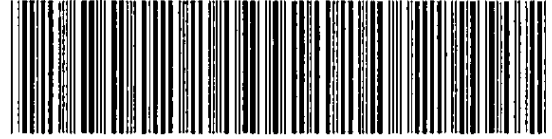
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
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RECEIVED



Rutledge | Ecenia

119 South Monroe Street, Suite 202
Tallahassee, Florida 32301

P.O. Box 551
Tallahassee, Florida 32302

July 16, 2024

Via Hand Delivery

MEMORANDUM

TO: Florida Department of State
Division of Corporations
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, Florida 32303

FROM: Maggie Schultz

DATE: July 16, 2024

RE: Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida

Attached is an Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida for Umbrella Point Real Estate, LLC, along with a check in the amount of \$25.00 for the filing fee.

Thank you for your assistance. **Please call us at (850) 681-6788 to pick up the filing confirmation when it is ready.**

Sincerely,

/s/ Maggie Schultz

Maggie Schultz

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UMBRELLA POINT REAL ESTATE, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JACQUELINE M. PERRY

Name of Person

JWM FAMILY ENTERPRISES, L.P.

Firm/Company

500 GAITHER ROAD, SUITE 100

Address

ROCKVILLE, MD 20850

City/State and Zip Code

JACKIE@TPVLP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAGGIE SCHULTZ, ESQ.

Name of Person

at (850) 681-6788

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- \$25 Filing Fee \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

2024 JUL 11 10:06 AM
TALLAHASSEE

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: UMBRELLA POINT REAL ESTATE, LLC

Enter new principal office address, if applicable: _____
(Principal office address
MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____
(Mailing address
MAY BE A POST OFFICE BOX) _____

2. The Florida document number of this limited liability company is: M24000008594

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 7/3/2024

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida Street Address

_____, **Florida** _____
City *Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	STEPHANIE LOUGHLIN	500 GAITHER ROAD, STE 100	<input type="checkbox"/> Add
		ROCKVILLE, MD 20850	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Jacqueline M. Perry
Signature of the authorized representative

Jacqueline M. Perry
Typed or printed name of signee

Filing Fee: \$25.00